

**1** Your name (protected person):  
\_\_\_\_\_Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone # (*optional*): (\_\_\_\_\_) \_\_\_\_\_Your lawyer (*if you have one*): (*Name, address, phone #, and State Bar #*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Court name and street address:

**Superior Court of California, County of**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Case Number:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**2** Name of person you want protection from (restrained person):  
\_\_\_\_\_Describe that person: Sex: ☐ M ☐ F Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**3** I ask the court to renew the Restraining Order After Hearing (DV-130).

- a. The order was first made on (*date*): \_\_\_\_\_
- b. The order ends on (*date*): \_\_\_\_\_
- c. The order has been renewed \_\_\_\_\_ times.
- d. I want the order to be renewed for \_\_\_\_\_ years.
- e. The order is attached.

**4** I ask the court to renew the order because: (*Check all that apply*)

- a. ☐ The person in **2** has abused and/or harassed me since the order was made.
- b. ☐ I am afraid of the person in **2**.
- c. ☐ Other: (*Explain below or attach an additional page. Write "Form DV-700, Item 4c" at the top. The court can renew the order even if there has been no abuse since your last request.*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*\_\_\_\_\_  
*Sign your name***This is not a Court Order.**